North Carolina Department of Health and Human Services - Division of Medical Assistance
TOCOLYTIC PRIOR APPROVAL REQUEST FORM
Fax to The Carolinas Center for Medical Excellence (CCME) at (919) 380-9457.
For Prior Approval questions, contact CCME at (800) 682-2650.

□ Initial Request □ Re-authorization Request

Initial Request: Attach **a**)copy of perinatologist order for Tocolytic therapy (or perinatology consult if ordering MD not a perinatologist); **b**)MD letter of medical necessity which includes frequency of contractions, cervical dilatation and effacement; **c**)plan of care, if available; **d**) copy of current strips; e) documentation of recipient home environment adequacy and recipient ability to self-perform.
Reauthorization Request: Attach **a**) clinical update from MD; **b**) nurse's notes from previous approval period; **c**)documentation supporting infusion therapy administration during previous approval period (start/stop dates, dosage, etc.); **d**) current strips.

Requested Tocolytic Dates of Service: Initial Start Date _____ Initial End Date _____
Re-Auth Start Date _____ Re-Auth End Date _____

Recipient Information
Name _____ Date of Birth _____
Address _____ City _____ Zip Code _____
Home Telephone # _____ MID# _____

Caregiver Information
Name _____ Relationship _____
Address _____ Daytime Phone # _____

Physician Information
Name _____ Office Phone # _____
Address _____
Names & Phone Numbers of Other Physicians Ordering Care
Name _____ Office Phone # _____
Name _____ Office Phone # _____

Provider Agency Information
Agency Name _____ Contact Name _____
Address _____ Provider # _____
Phone # _____ Fax # _____

Medical Information
Diagnoses: _____
Gestational Age _____ EDC _____ LMP _____
Hospital Admission □ No □ Yes: Admit Date _____ Discharge Date _____
Name of Hospital for above admission _____
Address _____ Phone # _____
Describe treatment and outcome: _____
_____
Failed Oral Tocolytic Therapy □ No □ Yes: Describe treatment, including start and stop dates

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Referred By (Name) _____ Title _____
Agency _____ Phone # _____